



PATIENT

Bella Williams

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

5

WEIGHT

75

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Amber Mattson

HOSPITAL NAME

Pocono Peak
Veterinary Center

REFERRING VET

Amber Mattson

INVOICE

74461

DATE

4-6-26

PRESENTING CLINICAL SIGNS

- Coughing for 3 weeks, was prescribed pred and doxy - coughing did decrease but still coughing intermittently (finished medications over a week ago). Intermittent vomiting and loose stool with mucous present. O also reports Pt is lethargic and more winded when walking.

Abnormal PE/Chem/CBC/UA Results: CONCLUSIONS: There is no evidence of aspiration. The diffuse appearance suggests marked airway and interstitial inflammation which could be allergic or infectious in origin. Eosinophilic broncho-pneumopathy is a differential but infectious causes including fungal or parasitic pneumonia are differentials. There are equivocal nodules but neoplasia is considered much less likely at this time. Today: 4/6/26 - Worsening coughing, harsh lung sounds bilaterally, vomiting vs coughing phlem. Normal temp of 101.3F WBC 24k, EOS 12.5k, Monos 0.24k, Rest of CBC/Chem/lytes WNL External

Link: <https://www.idexximagebank.com/resultsView?imageAssetId=1.2.826.0.1.3680043.2.950.1776.98.20260311090325.5a1o2kyjy017qsy2.5l4yk1s52.1>

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents mild thickening of the walls.

The lung parenchyma presents a peribronchial patchy ground glass opacity and zones with ill-defined nodular consolidation of the lung parenchyma.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Patchy unstructured interstitial to ill-defined structured nodular interstitial lung pattern
- Moderate bronchial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the provided image link did not work for comparison.

The lung pattern along with the eosinophilia in blood work parasitic pneumonia (e.g. Crenosoma vulpi) or eosinophilic bronchopneumopathy. Differentials include granulomatous pneumonia – if not done so yet recommend testing for endemic fungal disease. Theoretically neoplastic disease is a potential, but



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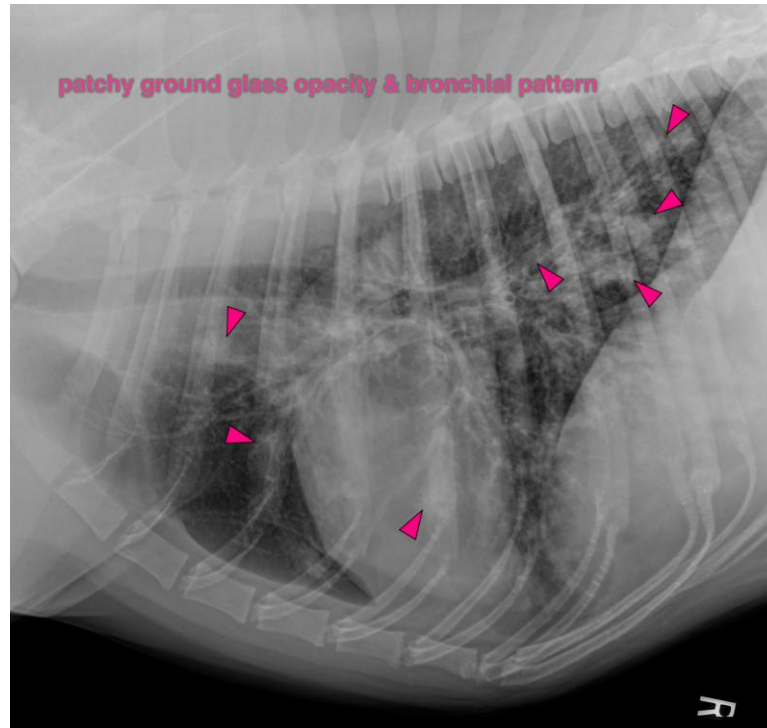
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the odds are low. Fecal exam to screen for lung work infection and bronchoscopy including BAL can be used as advanced diagnostic tools.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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